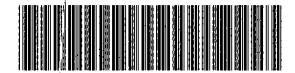
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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J. SAULSBERRY EYAMFJER

NOV 22 2013



ION SERVICE COMPANY	
ACCOUNT NO. : 12000000195	
REFERENCE: 893994 4305380	
AUTHORIZATION:	
COST LIMIT : \$ 125.00	
ORDER DATE: November 21, 2013	
ORDER TIME : 12:58 PM	
ORDER NO. : 893994-005	
CUSTOMER NO: 4305380	
	<u>-</u>
DOMESTIC FILING	magaga maga maga magaga maga magaga ma maga ma ma ma ma ma ma ma ma ma ma ma ma ma
NAME: PCS LATAM FLORIDA LLC	<u> </u>
EFFECTIVE DATE:	A6 H 32
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - EXT. 52956	
EXAMINER'S INITIALS:	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

PCS Latam Florida LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

One Turnberry Place 19495 Biscayne Blvd. Suite 409 Aventura, Florida 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Jesus Sardinero One Turnberry Place 19495 Biscayne Blvd. Suite 409 Aventura, Florida 33160

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.,

ARTICLE IV: Effective date is the date of filing.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CHEIN MASH

Typed or printed name of signee